

State of New Jersey
Department of Labor and Workforce Development
Division of Workers' Compensation
PO Box 381
Trenton, New Jersey 08625-0381

**ORDER APPROVING SETTLEMENT
WITH DISMISSAL
N.J.S.A. 34:15-20
Page 2**

Case No.

D.O.

- ☐ The parties agree that this settlement does contemplate a complete and absolute surrender and release of any and all rights by the petitioner's dependents as defined by N.J.S.A. 34:15-13 arising out of this/these claim petition(s).

As the spouse or other person who may be defined as a dependent under N.J.S.A. 34:15-13 or the guardian or representative of such a person, I (we) consent to the entry of this order and recognize that this agreement is a complete and absolute surrender of any rights that I (we) may have pursuant to N.J.S.A. 34:15-13, should petitioner die as a result of the injuries, conditions, or exposures alleged in this/these claim petition(s).

Name Date

Name Date

Name Date

Name Date

Name Date

Name Date

I certify that the above is (are) the only individual(s) who is (are) dependent(s) as defined in N.J.S.A. 34:15-13 at the present time.

Petitioner Date

Petitioner's Attorney

Petitioner

Judge of Compensation

Respondent's Attorney

Name (Print or type)